Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING 09/24/2012 TN6101 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DECATUR, TN 37322 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N1410 N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness N1410 The Administrator has called the Meigs (2) Physical Facility and Community Emergency County Emergency Operations Center Plans. and requested an in-service for key staff (a) Physical Facility (Internal Situations). with Tony Finnell. 5. Each of the following disaster preparedness The above in-service will become an plans shall be conducted annually prior to the 10/18/12 month listed in the plan. Drills are for the annual event hereafter. purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill. The findings include: Record review and interview on September 24, 2012 at 11:45 a.m. confirmed that the facility failed to exercise their annual Earthquake Drill. The finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on September 24, 2012.

Division of Health Care Facillies Dapla LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TIPLE # 3

(X6) DATE

10,16,10

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6101			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 09/24/2012		
NAME OF I	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
BROOK	EWOOD NURSING CE	NTER, INC	332 RIVER DECATUR,		2		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
N1411	Continued From page 1			N1411	N1411		
	1200-8-614(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (i) Staff duties by department and job assignment; and,		edness o the e rovisions and cument ined for	N1411	The Administrator has called the Meigs County Emergency Operations Center and requested an in-service for key staff with Tony Finnell. Facility will conduct annual Earthquake drill/in-service prior to March annually.	s Center or key staff rthquake	10/18/1
F N 1: e:	This Rule is not met a Based on record revie ailed to perform their The findings include: Record review and into faintenance Director 1:45 a.m. confirmed to xercise their annual E the finding was verifie irector and acknowle	ew and interview, the annual bomb threat erview with the on September 24, 26 that the facility failed Bomb Threat Drill.	drill. 012 at to				

216H21

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING TN6101 09/24/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 332 RIVER ROAD **BROOKEWOOD NURSING CENTER, INC** DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE PREFIX TAG TAG DEFICIENCY) N1411 Continued From page 2 N1411 during the exit conference on September 24, 2012.

Division of Health Care Facilities